evergreen kids corner cooperative preschool
201 South 8th Street, Hamilton, MT, 59840 • 406-363-1688 • evergreenkidscorner.org

WAIVER OF LIABILITY, RELEASE
ASSUMPTION OF RISK & INDEMNITY AGREEMENT

INSURANCE LIABILITY WAIVER…Please read this form carefully and be aware that in registering your minor child/ward for participation in the Evergreen Kids Corner Preschool program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain out of the program(s).

"I recognize and acknowledge that there are certain risks of physical injury to participants in programs and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program."

"I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against Evergreen Kids Corner Preschool, its Officers, agents, students and employee(s)."

"I do hereby fully release and discharge the Evergreen Kids Corner Preschool and its officers, agents, and employee(s) from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s)."

"In the event that emergency treatment is needed, I give my permission and will assume financial responsibility for my child's medical care."

"I have read and fully understand the above release and waiver form."

_____ _____
Parent Signature for 2 year old class Date

_____ _____
Parent Signature for 3 year old class Date

_____ _____
Parent Signature for Pre-K class Date

_____
Child's Name (please print)

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Parent/Guardian Contract
School Year 20____ to 20____

Evergreen Kids Corner Preschool will provide a caring, quality preschool experience for _____ (**child's full name).** I understand this is a cooperative preschool with strong parental involvement, and I agree to the following adult obligations and requirements. Please initial each line and sign on the back.

____1. My tuition is $_____ per month. I will make every effort to pay my tuition by the first of each month. If I am unable to pay my tuition by the 15th of each month, I agree to pay the $35 late fee.

____2. I will attend my class orientation meeting for each enrolled child in the fall, or attend a make-up orientation arranged by my class representative if I am enrolling later in the school year.

____3. I will attend the mandatory fall and spring All Members Meetings.

____4. I will Parent Help and provide a nutritious snack on a rotating basis each month. If I am unable to work my shift, it is my responsibility to find a substitute. If I choose not to Parent Help, I will pay the $30 daily opt out fee per day I miss.

____5. I will help support the school's daily operations by participating on a committee or Board of Directors ***OR*** I can choose to pay the $35 monthly opt out fee.

____6. I will help support the school's daily operations by completing fall, spring, and summer block hours (3 hours per block) ***OR*** I can choose to pay the $35 opt out fee per block.

____7. I will help support the school by participating in fundraising events throughout the year.

____8. I agree to read the Evergreen Kids Corner Preschool Parent Handbook and By-Laws (to be delivered via email prior to orientation). This will ensure that I will understand what is required of me and my family while attending Evergreen Kids Corner Preschool. I also understand that if I have concerns or problems, I am welcome to discuss them with my child's teacher or the class representative to work on a solution.

____9. I **DO/DO NOT (circle one)** have a valid driver's license, carry at least $300,000 liability on my automobile insurance and agree that all children riding in my car will be in a car/booster seat. No child will be allowed to sit in the front seat. If I do not have automobile insurance, I will not transport preschool children other than my own without written parental permission.

____10. There will be a sign-up sheet to allow my child to attend individual field trips. I am aware that my child will be traveling with other parents to and from the school. I will provide a car/booster seat for my child to ride in. By initialing here, I give my child permission to attend the field trips and carpool with other EKC parents. I fully release and discharge the Evergreen Kids Corner Preschool and its officers, agents, and employee(s) from any and all claims resulting in injuries, damages, and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s).

____11. I **DO/DO NOT (circle one)** give my permission for photographs of my child to be displayed at EKC.

____12. I **DO/DO NOT (circle one)** give my permission for a photograph or video of my child to be used publicly. I understand that from time to time photos will be taken of my child to display in the school, our website, photo albums, grant material, promotional material or in the local paper. The photographs/videos are taken by members or the teachers of EKC.

Parent/Guardian Signature _____Date_____

DPHHS-QAD/CCL-113
(Revision 7-2006)

State of Montana
Department of Public Health and Human Services
Quality Assurance Division – Licensure Bureau
Child Care Licensing

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ **Birth Date:** _____

Address: _____

Mother / Legal Guardian's Name: _____ **Home Number:** _____

Address: _____ **Cell Number:** _____

Work Address: _____ **Work Number:** _____

Father / Legal Guardian's Name: _____ **Home Number:** _____

Address: _____ **Cell Number:** _____

Work Address: _____ **Work Number:** _____

Emergency Contact Person: _____ **Contact Number:** _____

Emergency Contact Person: _____ **Contact Number:** _____

Physician / Medical Care Source: _____ **Contact Number:** _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ **Name:** _____

Name: _____ **Name:** _____

– SEE REVERSE SIDE –

WRITTEN CONSENT IS GIVEN FOR:

☐ **Yes** ☐ **No** EMERGENCY MEDICAL CARE

☐ ADMINISTRATION OF PRESCRIPTION MEDICATIONS	**Medication Authorization form and Medication Administration Log Must be completed**
☐ ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS	**OTC Medication Authorization Form and Medication Administration Log must be completed**

☐ ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:
Please Specify:

☐ TRIPS: ☐ **Yes** ☐ **No** TRANSPORTATION BY THE FACILITY FOR TRIPS

☐ **Yes** ☐ **No** DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

HEALTH HISTORY

	YES	NO		YES	NO
Hay fever, asthma, or wheezing	☐	☐	Chickenpox	☐	☐
Eczema or frequent skin rashes	☐	☐	Diabetes	☐	☐
Convulsions/Seizures	☐	☐	Trouble with passing urine / bowel movement	☐	☐
Heart condition	☐	☐	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	☐	☐

	YES	NO
Allergies or reaction: (food or other)	☐	☐

Please Explain:

	YES	NO
Other Health Concerns (special disabilities):	☐	☐

Please Explain:

SIGNATURE OF PARENT OR GUARDIAN **DATE**

STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I *PLEASE PRINT CLEARLY*

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home Work

SECTION II IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose 1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	CC/SR	CC/SR	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended) (if given after 10th birth date)	SR				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Measles/Mumps/Rubella (MMR) or	CC/SR	SR			
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	CC/SR	CC/SR	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has documentation of disease	CC	2nd Dose Recommended			

ACIP* Recommended Vaccines *Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose 1	2	3	4	5
Hepatitis A					
Hepatitis B					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

If filled out by school or child care personnel:

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: _____
(School or Child Care Official and title) *Date*

Signed: _____
(School or Child Care Official and title) *Date*

Signed: _____
(School or Child Care Official and Title) *Date*

Signed: _____
(School or Child Care Official and Title) *Date*

SECTION III INSTRUCTIONS

Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. **If the child is completing a vaccine series,** a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at www.immmunization.mt.gov.

School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
2. **Documentation** must meet the criteria of the Administrative Rules of Montana. This is **limited** to other school health records and certain documents from health departments and physicians.
3. **Transferring information from supporting documentation to this form** must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
4. **Conditional Attendance** form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
5. **School Transfer Students**.

There is no transfer period allowed. Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

a) **Transferring In:** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.)* Students must meet Montana immunization requirements.

b) **Transferring Out:** If students transfer out of your school, a **copy** of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.

c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (*examples: A completed Montana Certificate of Immunization; A signed Immunization record card).* **It is the parent's responsibility to provide these documents to the school or child care facility.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

SECTION IV EXEMPTIONS

Please refer to the form HES101A at
http://www.dphhs.mt.gov/publichealth/immunization/documents/NewMedicalExemptionForm08132012.pdf

SECTION V LEGAL REFERENCES

Montana Codes Annotated
20-5-101 - 410: Montana Immunization Law
52-2-735: Day Care Certification

Administrative Rules of Montana
37.114.701-721: Immunization of K-12, Preschool and Post secondary Schools
37.95.140: Day Care Center Immunizations
Group Day Care Homes – Health
Family Day Care Homes – Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580.

www.immunization.mt.gov

Form No. IZ HES101 (Rev 03/2011)